CLAIMS ONLY		Application Number 10/809230	Filing Date
		Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1							51							
2							52							
4							53							
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45							94							
46							95							
47							96							
48							97							
49							98							
50							99							
							100							
Total Indep.							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							